

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE             |
|---------------------------|----------|--------|------------------|
| FEE DETERMINATION         |          |        |                  |
| O.I.P.E. CLASSIFIER       |          |        |                  |
| FORMALITY REVIEW          | TH       | 21 953 | 2/12/01 04-23-01 |
| RESPONSE FORMALITY REVIEW |          |        |                  |

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim          | Date  |
|----------------|-------|
| Final Original |       |
| 1              | 01/24 |
| 2              | 02/23 |
| 3              | 02/23 |
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| Claim          | Date  |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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